

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016150

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 245

Primary Registration District No. 3647

Registrar's No. 52

**FILED APR 23 1962**

**1. PLACE OF DEATH**

a. COUNTY

Newton

b. CITY (If outside corporate limits, give TOWNSHIP only)

Racine

Length of stay in 1b

Sudden

c. FULL NAME OF (If NOT in hospital, give location)

Sale Memorial Hospital

Inside Limits

Yes ☐ No ☐

**2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)**

a. STATE

Missouri

b. COUNTY

Jackson

Inside Limits

Yes ☐ No ☐

c. CITY

OR

Kansas City

d. STREET

ADDRESS

(If outside, give location)

3335 Troost

Reside on Farm

Yes ☐ No ☐

**3. NAME OF DECEASED**

(Type or print)

First

Bobby

Middle

Lee

Last

Knight

**4. DATE OF DEATH**

Month

April

Day

15, 1962

Year

**5. SEX**

Male

**6. COLOR OR RACE**

White

**7. Married ☐ Never Married ☒**

Widowed ☐ Divorced ☐

**8. DATE OF BIRTH**

July 12, 1940

**9. AGE (last birthday)**

21

**IF UNDER 1 YEAR IF UNDER 24 HR**

Months

Days

Hours

Min.

**10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)**

Cook

**10b. KIND OF BUSINESS OR INDUSTRY**

Resturant

**11. BIRTHPLACE (City and state or country)**

St. Louis, Mo

**12. CITIZEN OF WHAT COUNTRY**

U.S.A.

**13a. FATHER'S NAME**

Richard H. Knight

**13b. MOTHER'S MAIDEN NAME**

Estelle L. Knight

**14. NAME OF HUSBAND OR WIFE**

Single

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?**

(Yes, no, or unknown) No

(If yes, give war or dates of service) None

**16. SOCIAL SECURITY NO.**

**17. INFORMANT**

Address

Estelle Knight

Kansas City, Mo

**18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY:**

**IMMEDIATE CAUSE (a)**

Multiple injuries incurred in one car

**INTERVAL BETWEEN ONSET AND DEATH**

sudden

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

**DUE TO (b)**

automobile upset, including broken neck

**DUE TO (c)**

**PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)**

**PART III. If deceased was female was there a pregnancy in last 90 days.**

☐ Yes

☐ No

☐ Unknown

**19. WAS AUTOPSY PERFORMED?**

YES ☐ NO ☒

**20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐**

**20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)**

subject thrown from auto. wrecked at high speed

**20c. TIME OF INJURY**

Hour 9:15 Minute XX Month, Day, Year 4-15-62

**20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐**

**20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)**

on Highway, 3 Miles N. of

**20f. CITY, TOWN, OR LOCATION**

Racine

**COUNTY**

Newton, Missouri

**STATE**

**21. I attended the deceased from did not attend, to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_**

Death occurred at 9:15 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE**

(Degree or title)

James L. Hadlock Coroner, Newton County, Missouri

**22b. ADDRESS**

118 West Main St., Neosho, Mo.

**22c. DATE SIGNED**

4-16-62

**22d. BURIAL, CREMATION, REMOVAL (Specify)**

Removal

**23b. DATE**

4-18-62

**23c. NAME OF CEMETERY OR CREMATORY**

Forest Hill Cemetery

**23d. LOCATION (City, town, or county)**

Kansas City

**(State)**

Missouri

**24. FUNERAL DIRECTOR**

ADDRESS

Clark Funeral Home Neosho, Mo

**25. DATE RECD. BY LOCAL REG.**

4-16-62

**26. REGISTRAR'S SIGNATURE**

Melvin C. Bourman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

DATE AMENDED

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Rev. 4/59

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by H. WAYNE SEEVERS, Student Embalmer No. 630

working under my personal supervision.

Student H. Wayne Seever  
Signature of Student Embalmer

Signed Fred L. Clark

Licensed Embalmer No. 5056

P. O. Address 312 S. Wood  
Keokuk, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.